

Minutes of the State Board of Health
April 12, 2000

A meeting of the Washington State Board of Health (WSBH) was held at the Cavanaugh’s Ridpath Hotel, Spokane, WA. The public meeting of the WSBH was called to order by Neva Corkrum, Vice -Chair, at 9:00 am who addressed the attendees with the following statement:

“This is a public meeting of the WSBH held under provision of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.”

The following Board members were present:

The Honorable Neva J. Corkrum, Vice Chair	
Thomas H. Locke, MD, MPH.	Carl S. Osaki, RS, MPH
The Honorable Margaret Pageler, JD	Mary Selecky, Secretary, Department of Health
Vickie Ybarra, RN, MPH.	Charles R. Chu, DPM
Joe Finkbonner	Ed Gray, MD

The following Board members were absent:

Dennis Braddock, Chair

State Board of Health Staff present:

Don Sloma, Executive Director	Heather Boe, Executive Assistant
John Beare, Senior Health Policy Advisor	Hal Dygert, Senior AAG Advisor
Beth Berendt, Senior Health Policy Advisor	Janice Englehart, Senior Health Policy Advisor
Betty Bird, Administrative Assistant	Doreen Garcia, Senior Health Policy Advisor

Guests and Other Participants

Roy Almeida, Senior Epidemiologist, Sacred Heart Medical Center
Dan Baumgarten, Executive Director, Health Improvement Partnership
Jim Berry, Washington Citizens Advisory Committee
Bob Blacksmith, Director C.H.S., Health Care Authority
Dr. Christopher Blodgett, Washington State University
Sheradin Broadhead, Citizen
Ed Dzedzy, Environmental Health Director, Lincoln County
Curt Fackler, Spokesperson, Spokane County Citizens Opposing Fluoridation (SCCOF)
Marie Flake, Local Health Liaison, Department of Health
Bill Hagens, Deputy Commissioner for Health Policy, Office of the Insurance Commissioner
Richard King, Citizen
Janice Marich, Assistant Vice President Community Relations, Empire Health
Jim Matsuyama, Environmental Health Director, Northeast Tri-County Health District
Dr. David Moerschel
Mary Ann Murphy, Director, Casey Family Partners
Julie Raftig, Spokane Restaurant and Hospitality Association
Anne Renschler
John Ridgeway, Environmental Justice Coordinator, Department of Ecology
Lisa Ross, Public Health Nursing Supervisor, Spokane Regional Health District
Donna Tikker, Spokane Restaurant and Hospitality Association
Bill White, Assistant Secretary Environmental Health, Department of Health

APPROVAL OF AGENDA

- *Motion: To approve the April 12, 2000 agenda as submitted.*
Motion/Second: Pageler/Chu the motion passed.

ADOPTION OF FEBRUARY 9, 2000 MEETING MINUTES

- *Motion: To approve the February 9, 2000 minutes as submitted.*
Motion/Second: Locke / Ybarra passed unanimously.

WELCOME AND INTRODUCTIONS

Mr. Torney Smith, Acting Administrator of the Spokane County Health District and the Honorable John Talbott, Mayor, were introduced to the Board. Vice-Chair Corkrum recognized the Mayor's interest in the Spokane County Health District and his support of Public Health.

Mayor Talbott thanked the Board for their service. The Mayor highlighted his interest in Public Health by stating that he personally spends an hour every Monday with Spokane County's Public Health Administrator. He encouraged all citizens to recognize the need for Public Health services and indicated the importance of population based health improvement. The Mayor emphasized that Spokane's Board works hard to remain focused on priorities which improve the health of the population. He also acknowledged the publicity related to budget cuts and their impact on public health nursing.

Mr. Smith extended a welcome to the Board and sent regards from Dr. Thorburn who was out of town. He stated that Spokane's Public Health community strives for collaboration in problem solving and acts as resource to urban and rural areas.

Mr. Smith distributed literature regarding an upcoming art display dealing with teenage pregnancy. He then introduced Linda Jackson.

BOARD RESOLUTION RECOGNIZING PUBLIC HEALTH MONTH

Ms. Linda Jackson read Governor Locke's proclamation recognizing April as Public Health Month and expressed appreciation for the Governor's action on behalf of the State Public Health Association.

Vice-Chair Corkrum proposed SBOH resolution 00-001 recognizing April as Public Health Month.

- *Motion to approve SBOH Resolution 00-001 as submitted*
Motion/Second: Pageler/Osaki passed unanimously.

Vice-Chair Corkrum reported that Franklin County also passed a resolution designating April as Public Health Month and indicated that copies were included in the Board's packets. She also informed the Board that Benton-Franklin Health District had sponsored a contest on their Web Site in which school children competed for prizes by producing various art work illustrating public health messages.

SPOKANE HEALTH DISTRICT HOSTED PRESENTATIONS ON TWO LOCAL "MODEL EFFORTS" IN RELATION TO BOARD PRIORITIES

Mr. Smith introduced Ms. Mary Ann Murphy and Dr. Christopher Blodgett who gave a brief history of "Safe Start". The program, inspired by the child abuse related death of a local girl named Rebecca Headman, is a Spokane community coalition that plans to intervene early to prevent health and safety threats to children and families. Dr. Blodgett explained that "Safe Start" is one of nine sites selected from 219 applicants to receive a grant from the Department of Justice (DOJ.) The Board received a summary packet containing additional information about "Safe Start".

Dan Baumgarten described the "Inland Northwest in Charge Project" (see hand-out). The project is funded under the Robert Wood Johnson (RWJ) fund – Communities in Charge grants to focus on uninsured

populations. Emphasis is on innovations in the delivery and financing of health care delivery. The “Inland Northwest in Charge” project is a regional initiative – including parts of Idaho. Mr. Baumgarten reported that a proposal will be presented to the RWJ Foundation in September 2000. If accepted, another \$700,000 may be granted for the next three years. Mr. Baumgarten stated that the support and involvement of the Board will be important to the success of his efforts.

Secretary Mary Selecky asked Ms. Murphy and Dr. Blodgett how they are respond in the case of rural kids running away to Spokane. Ms. Murphy recognized the situation is regional and stated “Safe Start” is trying to collaborate with agencies in rural areas.

Dr. Blodgett reported that “Safe Start” will not begin until May 1, 2000 but that the program recognizes that networks need to be established in the region.

Ms. Selecky pointed out the need for sensitivity to the perception of other counties that they do not receive the same level of resources Spokane receives. Mr. Baumgarten acknowledged that perception and stated that each of the developing strategies under the Health Improvement Project has a rural component.

Charles Chu, DPM, asked what will happen when the children identified through the Safe Start program are moved into foster homes Dr. Blodgett noted that Safe Start is a work in progress and new mechanisms will be developed to assure continuity of services. For example, in Newhalen, mental health workers are sent with police on domestic violence calls to deal with the children. Emphasis will be given to developing responses to kids in trouble prior to a crisis.

Tom Locke, MD, MPH, responding to the question of SBOH’s possible role in the “Inland Northwest in Charge” project, referenced the Board’s strategic planning process. He stated that although the SBOH may not have statutory authority to take definitive action to improve insurance coverage, he stated that the Board needs to be involved. He stated he would like to see the Board help get the message out about the program.

SBOH STAFF ANNOUNCEMENTS

Don Sloma drew the Board’s attention to several documents in their meeting books, including:

- the staff’s monthly summary of publications and other information received at the Board’s office
- a compilation of Board approved work plans for its priority projects
- an updated Board member and staff phone list, and
- a DOH request for public comment on a preliminary draft rule on reportable conditions reporting standardization.

He then introduced Dr. John Beare, Beth Berendt, and Janice Englehart as new part-time staff members to the SBOH.

Mr. Sloma announced that the August SBOH meeting will probably be cancelled, but suggested that Board members hold the date on their calendars. The September meeting will be moved to Port Townsend and may extend over two days. He informed the Board that Web based communication is planned to be operational next month so citizens can participate in Board activities via e-mail.

The Honorable Margaret Pageler requested that people using e-mails to testify be required to give information, including their name, address, interest, and expertise.

UPDATE ON LEGAL ISSUES

Hal Dygert reported that there was very little on litigation to report to the Board – Resist the List brief is due during the week of April 17. Court action is likely to be several months away.

Mr. Dygert provided an update on I-695 legal issues. The Initiative received nine to ten legal challenges, both constitutional and interpretive. Most were consolidated. The Initiative was found to be unconstitutional by the King County Superior Court.

Of interest to the SBOH is the definition of tax. Previous distinctions were not upheld between taxes and fees – in that all fees are subject to public vote. The Supreme Court has the appeal on their calendar June 29.

Political Reactions to the Judge's decision included rapid state legislative action to lower license tabs to \$30 by statute. Under the terms of the court decision, state agencies can raise fees but Governor Locke issued an Executive Order directing no fee increases. Some local jurisdictions are raising fees.

DEPARTMENT OF HEALTH (DOH) UPDATE AND LEGISLATIVE UPDATE

Secretary Selecky, announced she now has appointed a full senior management team, with the Governor's approval. She also announced that Marie Flake has recently been appointed as the liaison to local health jurisdictions from the Office of the Secretary.

Secretary Selecky reported that the joint rule on Temporary Worker Housing between the Department of Health and the Department of Labor and Industries (L & I) has been in place since March 1, 2000. A memorandum of understanding was approved and joint staff training on rule requirements will be taking place in the coming months. She added that drinking water staff have been working with individual growers on safe drinking water and with contractors on long-term nitrate mitigation.

In her update on Battle Ground Lake, Secretary Selecky applauded the State Laboratory for its ability to identify and trace water-born Ecoli. She added that the Lake will continue to be closed to swimming and that the local health board is responsible for determining when and if it should reopen.

Secretary Selecky updated the Board on the status of the Dawn Mining site, reporting that the company is now proposing to dispose of contaminated filter cake in the mine with clean fill. It is no longer the intention of the company to import contaminated fill material. DOH is currently reviewing this plan.

Secretary Selecky commented that Washington was recognized at a recent national conference on HIV/ AIDS for its decreased rates of infection and consistency in the quality of care across ethnic, economic, and geographic areas. She reported that a DOH investigation found the Tacoma-Pierce County Health Department to be in compliance with SBOH rules. However, DOH made recommendations for improvement in the areas of partner notification and revising the consent form to include a refusal clause.

Secretary Selecky provided an update on Gypsy Moth control efforts. DOH is working with the Department of Agriculture (DOA) who intends to spray in parts of Seattle. DOH was asked to make a recommendation. Research has found no negative health impact, but DOH recommended citizens stay indoors for 30 minutes around the time of the spraying and other simple strategies.

Patty Hayes reported that several DOH initiatives are uncertain because of legislative delays in approving a supplemental budget. They include tobacco prevention and DOH's space consolidation. She described this legislative session as the "Year of the Patient" with the Patient Bill of Rights and the individual insurance market. Ms. Hayes then reviewed a list of bills passed. She mentioned the legible prescription bill and the child safety restraint bill. She added remarks on several bills that didn't pass but that might show up again next session. Among these are code/no code issues; prescription drug pricing; posting notice in public recreational waters.

UPDATE ON FOOD WORKER TRAINING STANDARDS IMPLEMENTATION

Carl Osaki, RS, MSPH, provided an update on the recent survey that polled the local Environmental Health Directors on implementation of the Board's 1999 rule change. The results showed that almost all Local Health Districts (LHDs) are implementing the rule, however its too early to draw conclusions regarding the impact. Various implementation issues were identified in survey responses for each LHD. Similarly a broad range of costs were identified for implementation. Mr. Osaki added that SBOH should continue to ask LHDs about implementation.

IMMUNIZATION POLICY TASK FORCE BRIEFING

Thomas Locke, MD, MPH and Patty Hayes provided an overview of the history and work of the task force. Washington has a universal purchasing policy resulting in a high immunization rate. However, with many new vaccines on the market, it is important for Washington to review the project cost and effectiveness of this policy. Dr. Locke identified the goals of the task force as:

1. Address infrastructure needs
2. Define role of partners
3. Need to be responsive to needs of the public

Ms. Hayes described the current system including assessment, health promotion/prevention, policy development, administration, and quality assurance. Vaccine distribution flows through the Local Health Jurisdictions (LHJs) who serve as critical players in quality control. Federal funds account for over 60% of the funding. State funds account for 32%. Ms. Hayes identified several cost drivers, including higher prices of combined vaccines, population growth, and the infrastructure demands associated with this growth. She noted that the task force will return to the board with recommendations based on their deliberations.

Secretary Selecky commented that Washington is one of the leaders in this area and noted that there is similar discussion on the national level.

Vickie Ybarra, RN, MPH, asked about the board's authority on vaccines in schools and licensed day care centers. Board staff agreed to research and report back to her on this.

HIV REPORTING RULES IMPLEMENTATION UPDATE

Secretary Selecky indicated that training on surveillance and confidential data collection was provided by DOH. She reported that to her knowledge LHJs are implementing the Board's rules faithfully.

OPEN PERIOD TO TAKE PUBLIC TESTIMONY ON ANY HEALTH ISSUES

No public testimony.

PUBLIC FORUMS

See Attached Summaries.

OPEN PERIOD TO TAKE PUBLIC TESTIMONY ON FORUM TOPICS

Jim Keen, who identified himself as a consumer of mental health services, commented that Spokane Mental Health and the local medical health system have an unacceptable standard of care and an unqualified staff.

Carolyn Pickett, an independent advocate for people with disabilities, commented on her concerns about children in community being impacted by fluoride. She alleged that the local waste water treatment plant has not been adequately tested and that fluoride is not needed in public water supplies.

David Marshal, MD, pediatrician commented on the lead and heavy metal plume in the Spokane River. As solutions are worked on with EPA, Idaho is proposing a clean-up strategy. He expressed his desire to see concerned citizens of Spokane and state officials included in that strategy. Multiple agencies are working on this. Dr. Marshal told the Board that many families spend time on the river. Dr. Thorburn added that EPA is in the preliminary phase of the Remedial Investigation/Feasibility Study RI/FS process. She agreed that this is definitely an activity that requires state involvement.

SUMMARY COMMENTS FROM BOARD MEMBERS ON FORUM TOPICS

Dr. Locke provided a summary of the afternoon session on access to critical health services. In addition to the information provided in the forum summaries, the following comments related to the access forum were made.

Dr. Gray provided an example of a burdensome requirement that does not add value to service delivery, describing the difficulty one patient had in requesting reimbursement for a Hepatitis B vaccine from Medicare. He added that Medicare is having to hire more auditors to deal with new requirements.

Ms. Selecky asked if there were any comments during the forum that the Board could address. Dr. Locke stated that people expressed the desire to see the Board as an ally in working with systems. Speaking for those attending the forum, Dr. Locke explained the perception that a disconnection exists between legislators making decisions and those impacted.

Mr. Bill Hagens from the Office of Insurance Commissioner remarked that if we continue to use insurance as a model, we can expect to see the layers of bureaucracy and burdensome qualities therein. He suggested that we need to analyze the barriers to access and the role of government in breaking these down.

Mr. Osaki asked if Dr. Locke could say whether the Spokane regional issues are similar to those in other parts of the state. Dr. Locke guessed there would be differences in other communities. For this reason, he suggested that the Board ask the questions throughout the state.

Ms. Pageler presented a summary of the afternoon session on children's health and well being.

Mr. Osaki reported on the afternoon session environmental health issues.

Ms. Selecky summarized the afternoon session on public health system improvement. In addition to the information provided in the forum summaries, the following comments were made.

Ms. Selecky commented that this was one of the more "government-focused" forums. She reported that there was discussion about I-695 and the manner in which it caught the public health community off guard. She added that it really robbed the public health community of its ability to deliver services.

She added that participants in the forums discussed issues of confidentiality as it pertains to medical records (i.e., knowing data about a TB infected person helps to deal with problem and minimize the spread of the disease).

(Please see attached summaries)

ADJOURNMENT

The meeting adjourned at 8:35 p.m.

WASHINGTON STATE BOARD OF HEALTH

Dennis Braddock, Chair

Environmental Health

Summary of April 12, 2000 Forum in Spokane

Participation: There were 9 people in addition to the two board members and one board staff person at the forum. These individuals represented the Washington Department of Health (DOH); Washington Department of Ecology; Environmental Health Division, Spokane Regional Health District; Environmental Health Division, Lincoln County Health Department; Washington Environmental Council; Waste Management, Inc.; and a private citizen.

Facilitation: State Board of Health Members: Carl Osaki and Joe Finkbonner; Staff: Janice Englehart.

Issues:

- Several participants commented on the heavy metal and PCB contamination in the Spokane River. Comments were made that one of the primary sources of this contamination might be the Bunker Hill Superfund site in Idaho, although other potential sources are being investigated. Citizens are concerned that the state agencies remain involved.
- The representative from the Department of Ecology noted that citizens are concerned about air quality in the region, noting dioxin emissions from the incinerator and grass burning as two potential sources. One individual noted the concern about rising asthma rates in the region. He added that the data are not readily available and when available may be difficult to interpret.
- A representative from the local school district discussed many of the problems surrounding school safety, noting the following. 1) Outdated rules and conflicts among standards; 2) Inconsistency among agencies re: jurisdiction; and 3) The need for DOH to finish its guidance document. He also suggested that Environmental Health needs a program like the School Nursing Program with Judy Mayer. (Example of work with blood-borne pathogens.) It was suggested that a staff person could be shared by the Department of Health and the Office of the Superintendent of Public Instruction.

The DOH Director of Environmental Health noted several relevant policy points. He asked about the delivery of this service. Do we need a public health presence at all? If so who should be regulating the districts -- the state or locals? His next point was on funding for such programs. What kind of support can the local health districts get from the school districts? He added that the state has only one staff person dedicated to this. He also acknowledged the problem of conflicting rules among different agencies. He added that the Board may be able to provide a role in alleviating some of this confusion.

- The representative from Waste Management commented on the confusion that many consumers experience regarding different agency roles in environmental health.
- Several participants commented that given the loss of revenue for the state water recreation program, there is concern that the program will lose the attention it deserves. One person noted that the work on the administrative code revision will continue and that the state and locals need to be proactive with any legislation that may be associated with surface water. One person suggested that the State Board of Health keep track of the big picture on water recreation.
- One of the environmental health directors noted the lack of consistency among the local health jurisdictions and requested that there be a state presence on many issues in order to keep things even. He was especially concerned about the smaller counties with limited resources.

Children's Health and Well Being

Summary of April 12, 2000 Forum in Spokane

Participation: Twenty people participated in this forum in addition to three Board members and one Board staff person. These individuals represented Spokane Regional Health District (SRHD); ESD 101; Area Health Education Center at Washington State University; HEC at WSU; WA State DOH; Family Care Resources (Spokane); Washington Department of Social and Health Services, Children's Administration; SRHD, Children with Special Health Care Needs; Headstart/ECEAP; private health care providers, Health Improvement Partnership (Spokane); Casey Family Partners (Spokane); Asotin County Health Department; Safe Water Coalition of Washington State; and Spokane County Citizens Opposing Fluoridation.

Facilitation: State Board of Health Members: Vickie Ybarra, Margaret Pageler and Charles Chu. Staff: Doreen Garcia

Issues:

- Clinical Preventive Services - Several people commented on the need for nutrition education for children, schools, and families. Cognitive and emotional development as well as mental health services was mentioned. A few people spoke out against fluoridation of drinking water, citing the dangers. Most agreed that parents should be better informed about the clinical preventive services their children should receive and the recommended schedule for receiving them. Someone suggested the need to achieve parity between publicly-funded programs and privately-funded programs for health care delivery and coverage.
- Government's Role - Many in the group agreed on the need for the family to be considered as a whole entity rather than only targeting services to children. They also want current programs to work instead of adding new programs. Comprehensive school health education was discussed extensively. Public awareness campaigns were encouraged. Public health nursing was also mentioned as an important government service.
- Tobacco Prevention and Control - Many in the group agreed on the need to maintain and increase funding for health education and health promotion in elementary schools, as well as early interventions in middle school. Effective billboards, like those used in Spokane, were encouraged. In addition, peer support was encouraged to help prevent or stop kids from smoking.
- Collaboration - Several requests were made for accountability, funding, and community awareness.
- Childcare Safety - A request was made for an emergency safety plan for childcare facilities. In addition, increased training and higher wages were encouraged to secure supply. A request for ongoing and increased involvement by DOH's Division on Community and Family Health was requested. Concern was expressed about the double set of regulations from DOH and the DSHS. The need for the availability of more after hours care was also expressed. Finally, combining early learning with childcare was stressed.

Access to Critical Health Care Services

Summary of April 12, 2000 Forum in Spokane.

Participation: There were 40+ people in attendance at this forum in addition to two board members and a staff person. The participants that provided input were primarily health care professionals. These included primary care physicians, and hospital administrators. Representatives from the Spokane County Medical Society, the Spokane County Health District and the Washington State Medical Association were also present. Several state agencies were represented including the Department of Social and Health Services - Medical Assistance Administration (MAA), Office of the Insurance Commissioner (OIC), and the Health Care Authority (HCA).

Facilitation: State Board of Health Members: Dr. Thomas Locke and Dr. Ed Gray; Staff: Beth Berendt.

Issues:

- Several speakers objected to the lack of definition of Critical Health Care Services in the questions – and acknowledged that this topic has been around for general discussion since 1986. It has been dealt with by several entities, including former Governor Gardener’s Health Care Commission, the Health Care Services Commission and others. Dr. George Snyder suggested that critical health care services are services that are “unique, appropriate and effective for the situation.”
- Comments were made that the question of access to what is a moving target. Technology and demand are changing rapidly in a complex delivery system that is in danger of collapsing. It was reported by some hospital administrators that in excess of 30% of the hospitals and clinics are having difficulty making their margin – especially in rural areas.
- Regional Barriers:
 - The bottom line barrier appears to be lack of adequate financing. Who is going to pay for services? Government is perceived as not paying for the actual cost of services and employers and other purchasers are not accepting the cost shifting to offset the loss of revenue on government purchased health care.
 - Shortages of health care professionals. RNs, lab-techs, and x-ray techs are in short supply. Hospitals and clinics have a limited pool of trained personnel from which to hire and are unable to attract and retain health care workers of all types. Some statistics and anecdotes were given to illustrate the problem.
 - Rising cost of pharmaceuticals is becoming a major problem and there is no source for free or reduced cost drugs for individuals who are unable to pay for their drugs.
 - “Non-value added Regulation.” Several speakers commented on the administrative burden and cost associated with the payment/financing system. Additional personnel are added for billing and meeting the administrative requirements of the managed care plans. Sacred Heart Medical Center in Spokane estimates that 30% of the health care dollar goes to pay for these administrative services.
 - Technology is generally available now in most rural areas – e.g. CT scans, MRIs etc., which were not present 20 years ago. One aspect of technology that is not generally available is fiber optic cable and redundancies in the system to support Internet functions in many rural areas.

Public Health System Improvement

Summary of April 12, 2000 Forum in Spokane

Participation: Twelve participants attended the session, primarily from the Spokane area. Most of the participants were health care professionals, two were elected officials, one represented ESD 101, and one was from the general public.

Facilitation: State Board of Health Members: Mary Selecky and Neva Corkrum: Staff: John Beare.

Issues:

- Public health is poorly understood by most of the public. Suggestion was made to consider developing some type of uniform such as police or fire personnel wear to identify public health staff in the field.
- Participants attending clearly value public health and the work that public health does in the community. They recognize the problems associated with “getting the message out” and “educating” the public about what public health is and what it does to benefit the population, however, they had no suggestions for improving the situation.

- Government does a poor job of informing citizens of what they are getting for taxes paid to support its functions, including public health. Government does not relate value and worth of its activities to the citizens. Messages must relate the value of public health services to the population served before increased support can be realized. Suggest that information be sent to taxpayers of what was purchased with the funds received in support of their programs.
- Dedicated funding from the State for public health was supported, however, no one endorsed any changes in the current organizational framework of the public health delivery system. No one spoke in favor of a totally state operated system. There was strong support for local decision making on what public health services should be available at the community level. Participants recognized the need for better and more predictable funding.
- One participant felt that public health employees should be responsible for “selling” public health to the public. There was no support for obtaining the services of public relations personnel for promoting the public health agenda.
- Public health should clearly establish a basic policy to value children. If it does then it should do all it can to foster and fund state and local programs to ensure that children have a better chance of not repeating the cycle of violence and poverty into which many are born.
- The public health system should place greater emphasis on earlier interventions with primary prevention activities to prevent higher costs (real and societal) later.
- Public health is only one of the necessary health providers within the community. It takes all providers to “raise a child.” It takes a village to raise a child concept.
- There was considerable support for the need to prepare a child to learn within the educational system. The public health system should assist in working with families to ensure that the child enters school ready to learn.
- One participant thought that more emphasis on nutrition education is needed in the schools and in the media for adults so that people could live a more productive and healthful life. The elimination of fluoride from drinking water sources was high on this participant’s list of things that public health should do to improve the health of citizens.